

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01546

1. Entity Name

VILLAGES OF SAN JOSE OWNERS ASSOCIATION, INC.

FILED

Mar 29, 2002 8:00 am  
Secretary of State

03-29-2002 91389 048 \*\*\*\*61.25

Principal Place of Business

3617 CROWN POINT RD # 7  
JACKSONVILLE FL 32257  
US

Mailing Address

445 STATE RD 1300  
STE 26-225  
JACKSONVILLE FL 32257  
US

2. Principal Place of Business

3. Mailing Address

3617 Crown Pt Rd

Suite, Apt. #, etc.

Suite 8

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32257

US

4. FEI Number

59-2473109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCKLE, KATHY  
C/O FIRST COAST MANAGEMENT  
3617 CROWN POINT RD # 8  
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS JONES, WALTER  
CITY-ST-ZIP 4138 MIZNER COURT E  
JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME VD  
STREET ADDRESS WEINTRAUB, STEVE  
CITY-ST-ZIP 8466 PAPELON WAY  
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SARAGA, LEONARD  
CITY-ST-ZIP 3820 LAVISTA CIRCLE H116  
JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MONTGOMERY, YANCY  
CITY-ST-ZIP 836 BARQUERO COURT N  
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS MARS, MARY  
CITY-ST-ZIP 4020 LA VISTA CIRCLE H212  
JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COYLE, JACK  
CITY-ST-ZIP 4175 PALOMA POINT COURT  
JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)